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Illness from Cancer in the United States-Concluded



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ILLNESS FROM CANCER IN THE UNITED STATES 1

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VI. Regional Differences in Illness from Cancer

INCIDENCE RATES FOR ALL FORMS OF CANCER

Cancer attacks more people in the South than in any other region of the country, relative to the size of the population involved (fig. 15). The number of new cases per 100,000 population per year is nearly 50 percent higher in the South than in the North among white males and nearly 40 percent higher among white females. The incidence rates in the West are intermediate between those for the North and South.

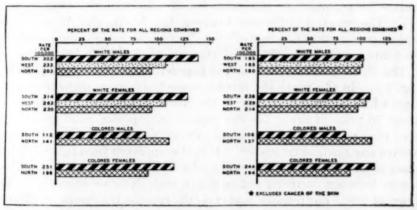


FIGURE 15.—The incidence rate of cancer including and excluding cancer of the skin expressed as a percentage of the rate for all regions combined, by color, sex, and region. (All rates standardized for age using the total urban population of the United States, 1940.)

For the colored population the incidence rates are also higher in the South than in the North among females but the opposite is true for males. It is quite possible that this latter fact reflects the failure of southern male Negroes to obtain medical care rather than a greater resistance to cancer.

¹ This is the third and final section of a paper on illness from cancer in the United States. The first two sections appeared in the PUBLIC HEALTH REFORTS, 59: 33-48 (Jan. 14, 1944), 65-77 (Jan. 21, 1944). The numbering of tables, figures, and references is consecutive throughout the three sections.

The higher illness rates from cancer in the South are in striking contrast to the relative rank of mortality rates which are known to be lowest in the South and highest in the Northeast and in the Pacific Coast States.² Some have suggested that the mortality rates from cancer are low in the South because a large number of persons with cancer fail to obtain medical care and that the cause of death is certified to be senility or some cause other than cancer. These data do not support this suggestion, at least for persons who live in metropolitan areas.

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The higher illness rate from cancer in the South is due primarily to the relatively larger number of cases of skin cancer in that region (fig. 15). If cases with cancer of the skin are excluded, the incidence rates in the three regions are essentially equal for white males and differ only slightly for white females; for the latter the rates in the South are about 10 percent higher than those in the North. Since cancer of the skin is relatively rare among Negroes, exclusion of such cases does not noticeably affect the relative size of the illness rates in the North and South.

INCIDENCE RATES BY AGE, SEX, AND COLOR

Incidence rates for the white population present much the same picture for separate age groups as for all ages combined (figs. 16 and 17). The greatest difference between the North and West occurs among persons over 65 years of age. The higher rates among southern residents are clearly visible throughout most of the life span.

The illness rates for the colored population are somewhat puzzling (fig. 18). In the South the rates increase until about 60 years of age, after which a decrease occurs; in the North the highest rates occur at about 70 years of age. The decrease in the reported rates among the aged may mean merely that many elderly Negroes with cancer do not receive any medical treatment. It is also apparent from figure 18 that there is no significant difference in the incidence rates of illness from cancer between northern and southern male Negroes except after 60 years of age. For females, however, the rates in the South are clearly higher than those in the North between 25 and 70 years of age.

REGIONAL VARIATIONS IN THE INCIDENCE OF CANCER OF DIFFERENT PRIMARY SITES

For the white population, cancer of the buccal cavity and skin is considerably higher in the South than in either the West or North (fig. 19). The high illness rate from cancer of the buccal cavity in the South largely results from a higher incidence of cancer of the lip

³ Cancer Mortality in the United States. II. Recorded cancer mortality in geographic sections of the Death Registration States of 1920, from 1920 to 1935. By Mary Gover. Pub. Health Bull. No. 282. Government Printing Office, 1940.

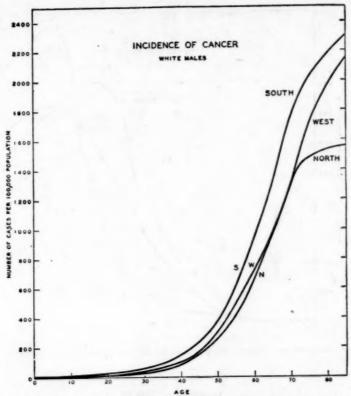


FIGURE 16.—Incidence rates of cancer by age for white males in the North, South, and West,

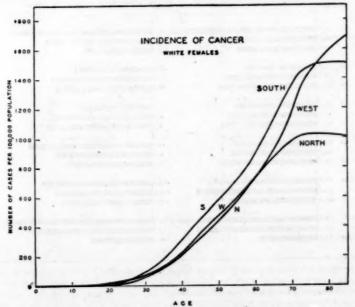


FIGURE 17.—Incidence rates of cancer by age for white females in the North, South, and West.

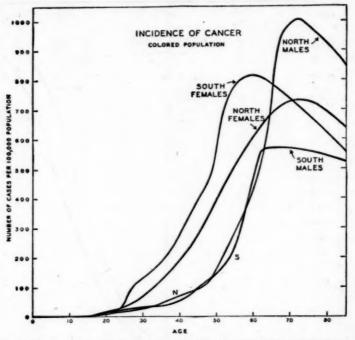


FIGURE 18.-Incidence rates of cancer by age and sex for the colored population in the North and South,

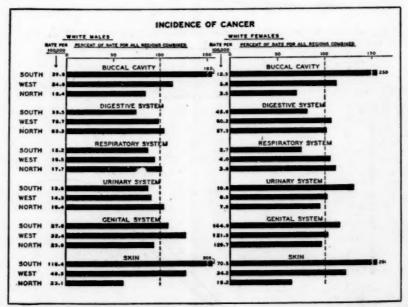


FIGURE 19.—Incidence rates of cancer of certain groups of primary sites expressed as a percentage of the rate for all regions combined for white males and females by region. (All rates standardized for age using the total urban population of the United States, 1940.)

which like cancer of the skin is usually an epithelial tumor. The high incidence of malignant tumors located on the surface of the body among residents of the South suggests that this condition may be associated with exposure to the sun. A large body of clinical observations as well as a number of experimental investigations support this belief (16, 17, 23).

The incidence of cancer of other sites among white males is lower in the South than in the North and West except for malignant neoplasms of the genital system. Among white females, however, cancer of the genital and urinary systems shows the same regional variation as cancer of the skin and buccal cavity. It is only for cancer of the digestive and respiratory systems that the incidence of cancer is lower among southern white females than among those living in other regions.

VARIATION IN THE PREVALENCE OF CANCER OF SPECIFIC PRIMARY SITES

Since the number of cases of cancer of specific primary sites was too small for reliable age specific illness rates by regions, especially for the colored population, the regional variation is shown by means of an index of morbidity constructed in the same way as the Standardized Mortality Ratio used by the Registrar-General of England and Wales in the reports on occupational mortality. The standard chosen was the male rate for the specific site in question for all regions combined except for cancer of the female genital system in which case the female rate for all regions combined was used.

Although the absolute size of the rates is considerably less in the colored than in the white population, cancer of the skin is relatively more frequent in the South than in the North for Negroes as well as for whites (fig. 20). For each of the other broad groups of sites, illness rates are higher among northern than among southern male Negroes. Except for cancer of the buccal cavity and the genital system the same comment applies to the illness rates among female Negroes.

As was indicated above, the high rate of cancer of the buccal cavity among white persons living in the South is due principally to the high rate of illness from cancer of the lip (fig. 21). Malignant tumors of the tongue and mouth are also somewhat more common among southern whites than among whites living in the North or West but the difference is not as large as for cancer of the lip.

Cancer of the digestive tract with the exception of the mouth, liver, and pancreas is relatively more prevalent in the North and less prevalent in the South. The regional variation is greater for males than for females but even for the latter the lower prevalence of can-

cer of the digestive tract among those living in the South is clearly evident.

As can be seen from figure 19, when all forms of genital cancer among white females are treated as a group the incidence rates are highest in the South. From figure 21, it is evident that the high rate in the South is due to a high rate of illness from cancer of the uterus

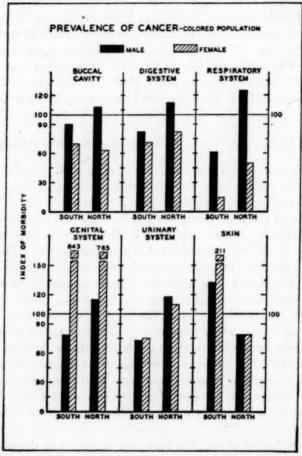


FIGURE 20.—Relative index of the prevalence of cancer of certain groups of primary sites for colored males and females by regions.

primarily and to a lesser degree to a high rate from cancer of the vulva and vagina. There is little regional variation in the prevalence of cancer of the breast.

It has been asserted that there is an antagonism in the development of cancer in two different organs (18, 19), that is to say, the development of cancer of one site in the body may inhibit the development of a malignant tumor elsewhere in the body.

Moreover, this theory has been broadened to include all persons in a homogeneous population group. In its expanded form the theory states that an increase in the incidence of cancer of one particular organ in one individual of a group due to a direct effect will be followed by a decrease in the incidence of cancer of other organs or tissues among other members of the group with the result that, while the relative rank of cancer of the separate primary sites may change, the

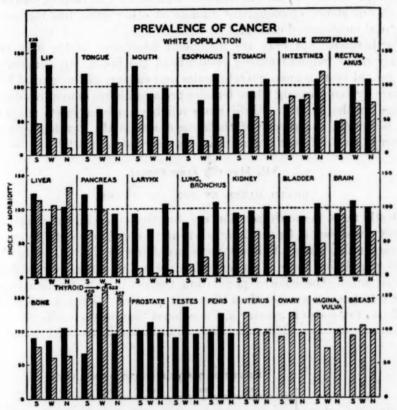


FIGURE 21.—Relative index of the prevalence of cancer of specific primary sites for white males and females by region.

total incidence of cancer of cell sites will remain unaltered (20). Indeed one writer has proposed that skin tumors be induced artificially since these can be fairly readily cured in expectation that the incidence of more fatal forms of cancer will be thereby reduced (21).

This theory has been tested on mice by a number of workers. Although some of the early experiments were interpreted as confirming the theory, later experiments conducted with a larger number of mice have failed to confirm it (22).

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The data in this study also fail to confirm the theory insofar as human populations are concerned. The incidence of cancer among white persons in the South is more than 40 percent higher than among white persons living in the North (fig. 15). The higher incidence among residents of the South is due to the greater frequency of skin cancer for when this form of cancer is excluded the rates in the three regions—North, South, and West—do not differ greatly. In other words, an increase in the incidence of skin cancer, instead of decreasing the incidence of malignant tumors of other sites, has increased the total incidence of cancer.

Furthermore, not only are malignant neoplasms of the skin relatively more frequent among residents of the South but cancers of the genital system among white males and cancers of the genital and urinary systems among white females are also higher among residents of the South (fig. 19). Until more reliable evidence in its support can be found, the theory of the antagonism in the development of cancer of two different organs must be regarded as invalid.

VII. Mortality From Cancer

DEATH RATES BY SEX AND COLOR

Death rates standardized for age for the cities included in this survey are shown in figure 22 for white and colored males and females. Corresponding rates of illness were presented in figure 1.3 In the white population there is no sex difference in the mortality rate from cancer but in the colored population the death rate for females is nearly 50 percent greater than the rate for males. The sex difference in illness rates also is greater in the colored than in the white popula-

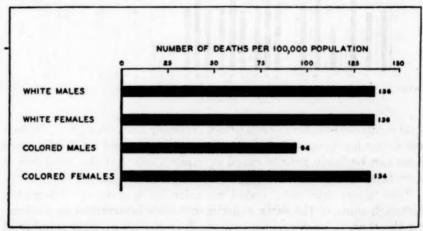


FIGURE 22.—Number of deaths from cancer per 100,000 population by sex and color. (All rates standardized for age using the total urban population of the United States, 1940.)

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tion; in contrast to the death rates the incidence rate of illness is about 12 percent higher among white females than among white males.

The sex difference in mortality from cancer in the colored population probably is not as great as it appears in figure 22. If, as has been suggested before, an appreciable number of male Negroes fail to receive medical care after they develop cancer, it is probable that the tumor also escapes attention at time of death so that the cause of death is attributed to another cause.

There is less difference in the death rates than in the illness rates of the white and nonwhite populations. The death rate from cancer for white males is 46 percent greater than the rate for colored males, but the incidence rate of illness is 72 percent greater for white males than for colored males. For females, the corresponding percentage excesses are 1 and 13, respectively. The greater racial difference in illness than in death rates may be attributed to the fact that skin cancer, which is relatively nonfatal, occurs more frequently in the white than in the colored population. If cancer of the skin is excluded, the incidence rates of illness are essentially equal for white and colored females and, although the rate for white males is still larger than the rate for colored males, the excess is relatively less than for the death rate.

DEATH RATES FROM CANCER OF CERTAIN PRIMARY SITES

From figure 23 it can be seen that the death rate from cancer for white females equals that for white males only because mortality from

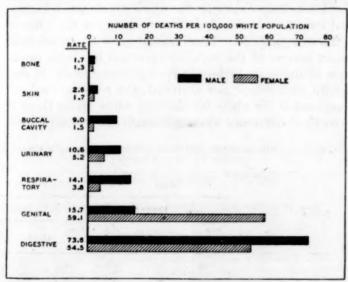


FIGURE 23.—Number of deaths from cancer per 100,000 white population by sex and certain groups of primary sites. (All rates standardized for age using the total urban population of the United States, 1940.)

cancer of the genital system is about four times as great for females as for males. Death rates from cancer of the buccal cavity, digestive tract, respiratory system, urinary system, skin and bones are all higher among males than among females.

The same general comments apply to death rates from cancer in the colored population as can be seen from figure 24.

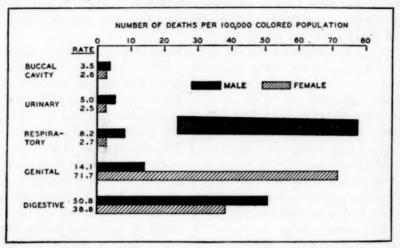


FIGURE 24.—Number of deaths from cancer per 100,000 colored population by sex and certain groups of primary sites. (All rates standardized for age using the total urban population of the United States, 1940.)

REGIONAL VARIATION IN THE DEATH RATE FROM CANCER

The death rate from cancer for the white population is highest in the North and lowest in the South with the rate in the West intermediate between the two (table 5). This regional variation in mortality rates is the direct reverse of the regional variation in illness rates. Incidence rates of illness are highest in the South and lowest in the North. If cases with skin cancer are excluded, the regional rank of illness rates is unchanged for white females; for white males there is essentially no regional difference when cases with skin cancer are excluded.

TABLE 5.—Incidence rates of illness and death rates from cancer for the white population by sex and region 1

		Males		Females			
Region	Death	Illn	ess rate	Death	Illness rate		
h. 5	rate	All cases	Excluding skin cancer	rate	All cases	Excluding skin cancer	
North	144 122 106	203 233 302	180 185 185	141 130 117	230 263 314	213 229 238	

¹ Rates standardized for age using the total urban population of the United States, 1940.

The same comments apply to the death and illness rates of colored females (table 6). Illness and death rates both are higher among northern than among southern male negroes, but, as has been pointed out previously, this may be due to differences in the proportion of men who obtain medical care.

Table 6.—Incidence rates of illness and death rates from cancer for the colored population by sex and region 1

Region		Males		Females			
	D4	Illne	ess rate	Death	Illness rate		
	Death rate	All cases	Excluding skin cancer	Death rate	All cases	Excluding skin cancer	
NorthSouth	111 66	141 112	137 106	140 121	196 251	194 244	

¹ Rates standardized for age using the total urban population of the United States, 1940.

Since the lower death rate in the South cannot be explained by a lower illness rate, it must be due either to better medical care or to a more favorable prognosis of the disease which may result from a large proportion of cases with forms of cancer which are most readily cured or from the initiation of treatment at an early stage in the development of the tumor. There is no reason to believe that physicians in the North are less competent than those in the South, so that a more favorable prognosis would seem to be the primary explanation of the lower death rate in the South.

Figure 25 presents the death rate from cancer of certain important primary sites by regions for white males and females. Except for cancer of the urinary system, the death rates in the South are lower than the rates in either the North or West.

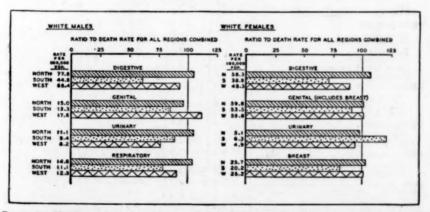


FIGURE 25.—Number of deaths from cancer per 100,000 white population for groups of primary sites by sex and region expressed as a ratio to the corresponding rate for all regions combined. (All rates standardized for age using the total urban population of the United States, 1940.)

As can be seen from figures 19 and 21, the illness rates in the South are relatively high for cancer of the skin and buccal cavity which is due largely to cancer of the lip, and relatively low for cancer of the digestive and respiratory systems. The first two forms of cancer can be cured more easily than the latter two, a fact which would tend to make the death rate in the South lower than the rate in the North.

VIII. The Relative Fatality of Different Forms of Cancer

It should be apparent by now that mortality records are an unsatisfactory substitute for morbidity reports of cancer. Not only do the two kinds of rates differ in size, but mortality rates also give a misleading impression of the prevalence of cancer due to the differences in the fatality of the various forms of malignant tumors.

The relative frequency of the organs and tissues which are the primary sites of cancer among living and dead cases is shown in tables 7 and 8 for the white population. The greatest difference for white males is in the relative prevalence of cancer of the skin and buccal cavity (about one-half of the buccal cavity cases are cancer of the lip). These two sites account for 23 percent of all living male cases of cancer in the North, 32 percent in the West, and 54 percent in

Table 7.—Percentage distribution by primary site of cancer cases and cancer deaths for white males by geographic region

Potential de	No	rth	W	est	Sor	uth
Primary site	Cases	Deaths	Cases	Deaths	Cases	Deaths
Buccal cavity	10. 5	6.6	11.0	5.0	14.2	8.7
Lip	4.0 2.2 1.1 0.9 0.7	0.5 1.9 0.8 1.1 1.3	6.3 1.4 0.8 0.6 0.5	0. 5 1. 6 0. 4 0. 5 1. 0	8.9 1.7 0.8 0.5 0.6	1. 4 3. 1 0. 8 1. 1 1. 1
Digestive organs	37.7	55, 2	32. 6	54.3	17. 5	43. 1
Esophagus. Stomach, duodenum Intestines. Rectum, anus Liver, biliary passage. Pancreas.	2.8 14.3 8.0 8.3 2.0 1.8	4.7 22.9 10.1 7.7 5.3 3.9	2.0 12.0 6.6 7.3 1.8 2.4	3. 2 22. 8 9. 4 8. 2 5. 0 4. 7	0.6 6.0 4.2 2.7 2.1 1.6	0.6 15.4 9.5 4.1 7.3
Respiratory system	9.4	11.2	7.0	10.4	5.3	11.4
Larynx Lung Other	3.1 4.9 1.4	2.4 6.9 1.9	1.9 3.1 2.0	2.0 5.1 3.3	1.9 2.6 0.8	2.0 6.7 2.7
Genital organs	11.1	9.8	13.7	13.7	8.3	11.9
ProstateOther	9.1	8.7	11.5	12.3	7.0	10. 5 1. 4
Urinary organs	8.5	7.9	6.9	6.6	5.0	9.1
KidneyBladder	6.5	2.1 8.8	1.6	2.3	1.3	3. 3 5. 8
Skin	12.5 1.4 2.1 6.7	1.4 0.6 1.3 6.0	20. 6 1. 2 1. 5 5. 8	1.7 0.9 1.0 6.4	40. 0 1. 0 1. 3 7. 4	5. 2 0. 6 1. 6 8. 4
All sites	100. 0 10, 519	100. 0 5, 245	100. 0 2, 530	100. 0 989	100. 0 2, 568	100. 0 641

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the South. However, they are found in only 8 percent of the deaths in the North, 7 percent in the West, and 14 percent in the South.

More than one-half of the deaths from cancer of white males in the North and West and 43 percent in the South are attributed to cancer of the digestive organs. Cancer of the respiratory system also constitutes a somewhat higher proportion of dead than of living cases while cancer of the genital and urinary organs make up about the same proportion among both living and dead cases.

Table 8.—Percentage distribution by primary site of cancer cases and cancer deaths for white females by geographic region

	No	rth	W	est	Bot	ıth
Primary site	Cases	Deaths	Cases	Deaths	Cases	Deaths
Buccal cavity	1.4	0.8	2. 2	1.4	3.6	2.3
Lip. Tongua Mouth Jaw	0.4 0.3 0.2 0.3 0.1	0.1 0.2 0.1 0.2 0.2	1. 0 0. 5 0. 2 0. 2 0. 1	0.1 0.6 0.1 0.4	1. 5 0. 5 0. 3 0. 5 0. 2	0. 0 0. 5 0. 2 0. 8
Pharynx Digestive organs	20.8	41.0	20. 5	37.3	12.9	32.8
Esophagus Stomach, duodenum Intestines Rectum, anus Liver, biliary passage Pancreas	0.5 5.9 6.4 4.4 2.4 0.9	1.0 13.6 11.6 4.6 7.1 2.5	0.4 5.9 5.9 4.3 1.9	0.8 12.7 9.4 4.3 5.0 3.8	0.3 2.8 4.5 2.4 1.7 0.8	0. 6 10. 3 9. 8 4. 0 5. 1 2. 2
Respiratory system	1.6	3.0	1.5	2.4	1.0	2.0
Lung Other	0.2 1.1 0.3	0.2 2.4 0.4	0.1 1.0 0.4	0. 2 1. 7 0. 5	0. 2 0. 5 0. 3	0.1 1.6 0.3
Genital organs	29. 5	24.8	25.4	25.7	. 29.8	29. 2
UterusOther	24.1 5.4	18.9 5.9	19. 4 6. 0	18. 5 7. 2	25. 3 4. 5	23. 7 5. 5
Urinary organs	3.0	3.5	2.9	3.8	3.0	5, 3
KidneyBladder	0.8 2.2	0.9 2.6	0.8 2.1	1.7 2.1	1.1	2.1 3.2
Breast Skin Brain Bone All other	28.6 7.8 0.6 1.1 5.6	18. 5 1. 0 0. 6 1. 0 5. 8	27. 9 12. 3 0. 5 1. 1 8. 7	18. 9 1. 0 0. 4 0. 9 8. 2	21. 3 21. 9 0. 8 0. 9 4. 8	17. 5 2. 8 0. 9 1. 0 6. 2
All sites Number	100. 0 13, 854	100. 0 5, 503	100. 0 3, 354	100.0 1,107	100. 0 3, 244	100. 0 818

About 9 out of every 10 living white women with cancer have cancer of the digestive organs, genital organs including breast, or skin. More than one-half of the sites first attacked by cancer are in the genital system (including breast). Cancer of the skin is especially frequent among white women in the South where it is found in 1 out of every 5 cases; in each of the three regions, however, skin is the primary site only about one-half as frequently among females as among males.

The digestive organs are the most frequent site of fatal cancer for males but the genital organs (including breast) are the most frequent site for females. About 50 percent of deaths from cancer among males are the result of cancer of the digestive tract; almost the same

percentage of deaths from cancer among females are caused by cancer of the genital organs (including breast).

In discussing communicable diseases, fatality is usually expressed by means of a case fatality rate which is 100 or 1,000 times the ratio of the number of deaths to the number of cases. A rate of this nature has a definite meaning and is useful when discussing the outcome of an acute disease of short duration. However, its meaning is not so clear in the case of a chronic disease which may last several years.

As an approximate index of the relative fatality of cancer of different organs or tissues, the percentage of cases dying within one year of the date of first diagnosis will be used as shown in tables 9 and 10. Since the prognosis of a case of cancer depends upon the stage of the disease at the time of diagnosis as well as upon the anatomical site, this index should be considered as only approximately indicating the relative fatality of cancer of different primary sites.

The percentage of persons dying within one year of first diagnosis from cancer alone and from all causes combined, malignant and non-malignant, is shown in tables 9 and 10. Except for cancer of the brain the percentage dying from all causes is only slightly higher than the percentage dying from cancer alone. The rather large difference in

Table 9.—Percentage of persons with diagnosed cancer who died within one year after diagnosis, classified by broad groups of primary sites

Primary site		entage from—	Num- ber of cases	Primary site	Perce	Num- ber of	
	All causes	Cancer		rimary site	All causes	Cancer	- Cases
Digestive system Respiratory system Brain Urinary system Genital system (male) Bone	61 58 47 42 41 39	59 54 20 40 38 36	5, 024 821 194 909 876 193	Genital system (female) Buccal cavity, pharynx Breast Skin All other	29 22 21 4 36 36	28 21 21 4 33 34	3, 051 1, 084 2, 406 2, 911 1, 261 18, 730

Table 10.—Percentage of persons with diagnosed cancer who died within one year after diagnosis, classified by the primary site of the cancer

Primary site		entage from—	Num-	Pulmany elte	Perce	Num- ber of	
Frimary site	All	Cancer	ber of cases	Primary site	All	Cancer	cases
Liver, biliary passages Esophagus Pancreas Stomach Lung, bronchus Intestines Kidney Tongue Rectum, anus Bone, jaw Fallopian tubes Prostate	78 75 73 64 65 56 52 48 45 43 43	75 73 70 62 61 54 50 47 43 42 41 40	462 211 359 1,711 544 1,282 242 177 877 74 462 724	Pharynx Larynx Bladder Bone, except jaw Mouth Testes Uterus Nasal cavity, shuses. Breast Brain Vagina, vulva	40 39 39 39 32 29 27 24 21 47 18	40 38 37 36 32 28 26 22 21 20 18 5	6, 20, 64, 119, 90, 81, 2, 40, 19, 12, 52, 52

the case of brain tumors arises from the difficulty of making an accurate diagnosis of the malignancy of the tumor prior to death and from the fact that the cause of death is frequently entered on the death certificate as "brain tumor" which, in the absence of specific information to the contrary, is coded as a benign tumor.

More than one-half of the persons with cancer of the digestive and respiratory systems die within one year of diagnosis (table 9). This should not be interpreted as meaning that more than one-half of the persons die within one year of the onset of the disease for at the time of diagnosis the tumor may be and probably is well developed. The least fatal is cancer of the skin; only 4 percent of the persons with this form of cancer died within 12 months of first diagnosis.

When individual primary sites are considered, more than two-thirds of the cases of cancer of the liver and biliary passages, esophagus and pancreas, and from one-half to two-thirds of those with cancer of the stomach, lungs and bronchus, intestines and kidneys died within one year of diagnosis (table 10). The locations with the most favorable outcome are skin, lip, vagina, vulva, and breast.

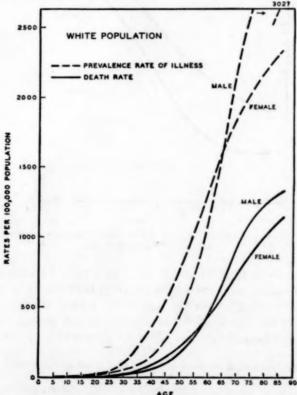


Figure 26.—Prevalence rates of illness and death rates per 100,000 white population from cancer by sex and age.

Figure 26 shows the relative magnitude of illness and death rates from cancer by age for the white population. Females experience higher morbidity and mortality rates during early and middle adult life, from about 25 to 60 to 65 years of age, due to the development of cancer of the genital system, but in late adult life the rates are definitely higher among males.

When the morbidity and mortality rates are plotted on semilogarithmic paper, the distance between the two curves remains fairly constant

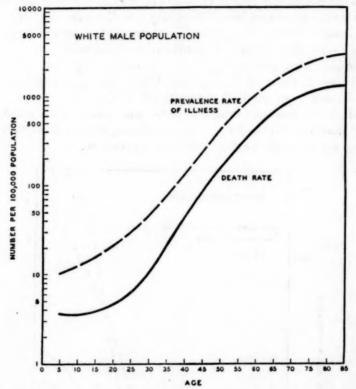


FIGURE 27.—Prevalence rates of illness and death rates per 100,000 white male population from cancer by age (logarithmic vertical scale).

after about age 40 (figs. 27 and 28). This means that the ratio of the two rates remains constant which suggests that the fatality of cancer does not vary greatly with the age of the person affected during the latter half of the life span. This interpretation should not be overstressed since the data, at best, are only suggestive.

IX. The Estimated Number of Cases of Cancer in the United States

In 1940 there were 158,335 deaths attributed to cancer registered in the United States. The number of living cases is unknown. However, an estimate of the number of persons receiving treatment

for a malignant tumor can be obtained by multiplying the population of the United States reported by the census of population in 1940 by the illness rates found in this study.

Although these data were collected from physicians and hospitals in metropolitan areas, it is believed that they may be used without serious error to estimate the number of cases of cancer in the entire country. Mortality reports indicate that the death rate from cancer is higher among urban than among rural residents. Part of this

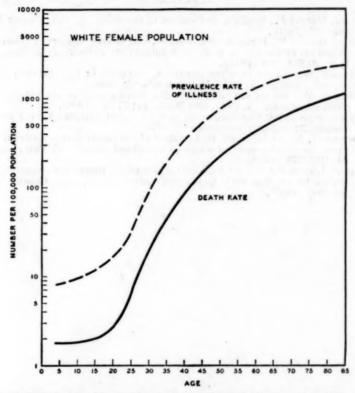


FIGURE 28.—Prevalence rates of illness and death rates per 100,000 white female population from cancer by age (logarithmic vertical scale).

difference may be due to more accurate diagnosis of the cause of death in urban areas so that the real difference in the death rates is probably less than the observed difference.

Furthermore, the illness rates reported here are almost certainly less than the true but unknown rates. Some persons who die from cancer have never received any treatment for the disease. When all factors are taken into consideration, the illness rates reported here undoubtedly understate rather than overstate the number of persons with cancer in the population.

On the basis of the prevalence rates found in this study, it is estimated that there are about 475,000 to 500,000 persons under treatment for cancer at any given time in the United States. About 300,000 new cases of cancer are diagnosed for the first time during each year. In addition to these cases are those who have been treated and cured as well as those with an undiagnosed tumor. The number in the latter two categories is unknown.

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Table 8.—Number of deaths per 100,000 white population by age, sex, and groups of primary sites for all regions combined; number of deaths per 100,000 colored population by age and sex for all regions combined

1 Standardized for age using the total urban population of the United States, 1940.

A dash indicates a rate of less than 0.1.

PROVISIONAL MORTALITY RATES FOR THE FIRST HALF OF 1943

The mortality rates in this report are based upon preliminary data from 39 States, the District of Columbia, Alaska, Hawaii, and the Canal Zone. Comparative data for the first 6 months of 1942 and 1941 are presented for 36 States and the District of Columbia.

This report is made possible through a cooperative arrangement with the States which furnish provisional quarterly tabulations of current births and deaths to the United States Public Health Service. Because of some lack of uniformity in the method of classifying deaths according to cause, as well as some delay in filing certificates, these data are preliminary and some deviation from the final figures may be expected, especially for specific causes of death for individual States. Nevertheless, it is believed that the trend of mortality within each State is reasonably accurate.

Population estimates for the different States used in computing rates were as follows: 1943—United States Census Bureau estimates of the total population in each State as of March 1, 1943, based on registration for War Ration Book Two and corrected for soldiers and sailors stationed within the State; 1942—United States Census Bureau estimates of the total population as of July 1, 1942, based on registration for War Ration Book One with the same corrections noted above; 1941—average of the total enumerated population according to the Federal census of April 1, 1940, and the estimated total population as of July 1, 1942.

The estimates as described above are of the defacto population, including military personnel stationed within the State. Since deaths of soldiers on posts within the continental United States are registered with the local and State authorities, the populations used should include military personnel stationed in this country.

There is a bias in present death rates which operates toward overstating the mortality. Although males outside the country are neither in the population nor deaths, they represent age groups which normally have low death rates and their exclusion makes for a higher crude death rate because larger proportions of the remaining population are in the older age brackets where death rates are higher. Such a bias would affect rates from different causes in a different way, and it is not feasible with the data at hand to evaluate the extent of these errors.

The mortality, rate from all causes for the first half of 1943 was about 6 percent higher than the corresponding period in 1942 but the same as the rate for the first half of 1941. Twenty-six of the States for which information is available reported an increase in the death rate for the first half of 1943 over the first half of 1942, 9 reported a

decrease and in 2 States the rate was the same. The death rate from all causes among persons insured in the industrial department of the Metropolitan Life Insurance Company for the first 6 months of the year was about 6 percent above the rate for the corresponding period in 1942.

The birth rate for the first half of 1943 was 20.9 per 1,000 population as compared with 18.9 and 17.6 for the same periods of 1942 and 1941, respectively. Thirty-four of the 36 reporting States showed an increase in the birth rate for the first half of 1943 over the same period in 1942.

Infant and maternal mortality continued to decrease. Infant mortality was 42 per 1,000 live births in the first half of 1943 as compared with 44 and 49 in the same period of 1942 and 1941, respectively. Both the first and second quarters of 1943 showed decreases from the same quarters of 1942. In 21 States the infant mortality rate for the first half of 1943 was less than in that half of 1942, in 10 States it was more in 1943, and in 5 States the rates for the 2 years were the same. Maternal mortality was 2.4 per 1,000 live births in the first half of 1943 as compared with 2.6 and 3.2 in the corresponding periods of 1942 and 1941, respectively. Both the first and second quarters of 1943 showed decreases from 1942. The maternal mortality rate for the first half of 1943 decreased from that of the same period in 1942 in 24 States, increased in 9 States, and was the same in 3 States.

Several of the acute communicable diseases showed higher rates in 1943 than in 1942. Diphtheria, which nearly always shows a decrease, was slightly higher this year than in the first half of 1942, 18 of the 37 States showing an increase and 7 others having the same rate, with 12 States decreasing. Cerebrospinal fever was outstandingly high throughout the first half of 1943.

Influenza and pneumonia both showed higher rates in the first half of 1943 than in the first half of 1942, but lower than in the first half of 1941. While the rates were slightly higher for 1943 than 1942, there was no evidence of any specific influenza epidemic. Comparing the first half of 1943 with the same half of 1942, 23 of the 37 States had higher influenza rates in 1943 and 14 had lower rates than in 1942. Twenty-six of the 37 States had higher pneumonia rates in 1943 than in 1942; 10 States had lower rates in 1943; and 1 had the same rate for the 2 years.

The tuberculosis death rate was lower in the first half of 1943 than in the same period of either of the 2 preceding years. By quarters, however, the rate for the first 3 months of 1943 was comparatively low, but for the second quarter the rate was slightly higher than in 1942 but lower than in 1941. In 16 States the tuberculosis rate was higher in the first half of 1943 than in the corresponding period of 1942, the other 21 being lower in 1943. Among the States with higher

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tuberculosis rates in 1943 were such large ones as New York, Pennsylvania, New Jersey, Illinois, and Michigan. Some States in nearly every section showed increases.

The degenerative diseases showed the usual increases. In 26 of the 37 States the death rates from cancer and from intracranial lesions of vascular origin were higher than in 1942, and the death rate from heart diseases was higher in 32 of the 37 States in 1943 than in 1942. Twenty-four of the States contributed to the 6 percent increase in the diabetes death rate and 20 of the States had a higher nephritis death rate in 1943 than in 1942.

The death rate from all accidents in the first half of 1943 was 66 per 100,000 as compared with 66 and 69 for the corresponding periods of 1942 and 1941, respectively. The total accidental death rate was higher in 1943 than in 1942 in 21 of the 37 States. The death rate from automobile accidents was 14 in the first half of 1943 as compared with 21 and 24 in the same half of 1942 and 1941, respectively. The rate was lower in 1943 than in 1942 in 36 of the 37 States. The death rate from accidents other than automobile increased to 52 in 1943 as compared with 45 in the first half of both 1942 and 1941.

Provisional mortality from certain causes in the first 8 months of 1948, with comparative provisional data for the corresponding period in preceding years

tha) per desis)	one, 1 ray ster, essence IIA cancer and ster, essence IIA cate of the ster o	37 States 11.0 20.9 42 1942 11.0 20.9 42 1942 1941 19.1 19	942 11.3 21.1 44 942 11.0 18.9 50 11.7 17.6 53 1-June:	942 10.7 20.7 40 942 41 941 10.2 17.8 45 ustrial policy.	843 942 7.77 8.0	943 21.3 21.3 13.6 942 17.5 25.9 121 941 20.8 28.4 121 943 943
live ths	Maternal mortality	400	00 to 00	666	!!!	2012
	Typhoid and paraty- phoid fever (1-2)	6.40	64.0	400	616040	EE.
	Dysentery (27) Diarrhes and enteritis	31.08	3.85	311	1111	333
	under 2 years (119)	64.44 64.00 0	-44	888		90.0 90.0
	Diphtheria (10)	0.0.0	100	80 84 50 84	400	383
14	(6) изпос запросои М	41.8	000	01-16 00-1	1111	15.9
	Mensies (35)	546	110			£ 80 €
	Çerebrospinal (meningo- coccus) meningitis (6)	40.00	4.00	41.4		480
rate p	Acute poliomyelitis (36)	0	uiui	6000		EE.
er 100,0	Acute infectious encepha- litis (lethargie) (37)	54.0	10410	540	1 1 1	333
dod 00	Tuberculosis, all forms (13-22)	6.20	45.5 6.6	113 087	43.5	383.0 341.8 498.8
lation	Syphilis (30)	344	311.9	311.0	11.2	13.0 5.3 (⁸)
(ennus	Influenza (grippe) (33)	11.11	15.7 15.6 45.0	න ක අං න ක අං	7.7 5.8 12.7	62.5 18.5 102.4
Death rate per 100,000 population (annual basis)	Pneumonia, all forms (201-701)	283	298	283	\$85	229 135 154
	Cancer, all forms (45-55)	12021	121 120 118	110	105	£82
	Diabetes mellitus (61)	228.2	888	222	30.1	61.00
	Intracrantal lesions of vascular origin (83) Diseases of the heart	855	25.58	288	582	888
	(96-06)	30228	322	282 282	228	229 217 186
	Nephritis, all forms (130-132) All accidents, including	548	8588	282	25.55	828
	sucomobile accidents Automobile accidents	288	366	888	51 17	347
	(170 a, b, c)	13.6	823.8 50.00	8.00 m	19.3	3.0

Provisional mortality from certain causes in the first 8 months of 1948, with comparative provisional data for the corresponding period in preceding years—Continued

	Automobile accidents (170 a, b, c)	1	56.55	27.4	13.9	23.7		28.4 40.1	19.3
	All accidents, including automobile accidents	1	405	282	25.55	52162	25.8	9881	852
	Smrol Ila ,slitindeN (251-051)	1	47	2288	828	129	828	72	888
	Jiseases of the heart (99-09)		109	282 273 292	353 299 320	392	310 272 308	221 267 313	158
	Intracranial lesions of (88) nigin origin (83)		43	802	822	115	818	138	828
	Diabetes mellitus (61)		19.5	15.8 18.9 14.6	20.6 30.7 34.5	34. 1 29. 6 27. 4	22.28	18.5 19.5	12.5
ଜ	Canoer, all forms (45-55)	1	47	222	135 125 130	129	134	10.98	885
Death rate per 100,000 population (annual basis)	smrot fla ,ainomusa 4 (201-701)		16	95	385	989	888	488	5000
(ennu	Influence (grippe) (33)		ε	15.4 12.0 31.1	90 00 00 V	12.3 8.0 7.0	8160 100 100 100 100 100 100 100 100 100	20.5 20.0 20.0	8.05.88 1.28
ulation	Syphilis (30)		27.2	30.9	3,0,0	15.9 12.3	3.6	3.6.8	325.8
dod 00	Tuberculosis, all forms (13-22)		46.7	55.1 57.4 53.8	30.6 31.2 34.1	38. 4 57. 1 55. 4	69.4 60.2	33.9 44.0	36.5
r 100,0	Acute infectious encepha- litis (lethargic) (37)		ε	0	9 1e	1.5	999	410	27.7
rate pe	Acute poliomyelitis (36) polioencephalitis (36)		ε	€. 47.	€E.	333	€	63-100	€. 23
Death	Cerebrospinal (meningo- coccus) meningitis (6)		€	4	20.00	335	8641 8641	40.00	1-99
	Measles (35)		ε	10 to 61	98.1	0.8	3.5	.4.4. RO GIRO	300
	Whooping sough (9)		ε	14.10 010130	200	3.5	404	% ci-i	400
	Diphtheria (10)		ε	11.0	933	333	€	07.1	11.00
	Scarlet fever (8)		ε	1.1	3.	E41.	3.2	2	
	Diarrhea and enteritis under 2 years (119)		9	4114	444	66.00 66.00	12.4	80.00.00	200 200 200 200
	Dysentery (27)		9	e .E	EE	669	33.	32.5	44E
	Typhoid and paraty- phoid fever (1-2)		€	9.00	EE .	.ee	100,00	1.9	4410
per live hs	Maternal mortality		5.6	664	412	3.E	144	800	244
Rate per 1,000 live births	Total infant mortality		47	522	888	888	823	222	8228
the per (size)	Births (exclusive or stillbir launne) noistingog 000,1		28.9	21.1 19.9 18.7	17.7	18.0 18.0	2222 808	16.5	21.8 19.3 19.7
bobays-	All causes, rate per 1,000 tion (annual basis)		11.1	11.2	9099	12.2	100	12.7	88.0 48.0
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15.7	16.9		10.4	26.4			16.9	33.0	31.1 20.3 32.6	41.4 37.9 38.9	28.2	888
75 67 81	228	146 146 148	222	145	123	2000	20.00	167	125	173 169 173	126 114 116	155
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12.5 21.6 22.5 22.5 28.1 16.1 15.1 Provisional mortality from certain causes in the first 6 months of 1943, with comparative provisional data for the corresponding period in preceding years—Continued (110 a, b, c) 56.1 30.8 20.5 17.33 Automobile accidents 888 252 8233 585 282 (981-691)elidomotus accidents All accidents, Suipnjour 882 881 348 512 482 Nephritis, all (130-132) SILLIOI 252 252 253 253 253 253 28 279 376 852 of the heart (90-95) Diseases 236 525 522 588 574 888 vascular origin (83) Intracranial enoisel **数数据 数据的 路数数 法既其 晚晚晚 日本日 卷二十** Diabetes mellitus (61) 6118 30 882 5527 1288 175 Cancer, all forms (45-55) 100,000 population (annual basis) 888 858 887 884 688 858 (107-109) torms 9-0 දිට්ට් ලාකුණ් වැඩිජ් කුදාය කුඇත futinenza (grippe) (33) 400 446 846 806 FOR 806 446 446 gabpijis (30) PR 000 PAP 400 400 00 00 00 Tuberculosis, a Ila 3.0 litls (lethargic) (37) vente jujections encebpa-Der Death rate Acute poliomyelitis (36) 4 . 1 . E (6) sizigninem (succeo Cerebrospinal (meningo-1114 4E. E-1E 1 .1 414 Measles (35) 6.3 401 A poobjug congp (8) £. C. 333 Diphtheria (10) EHE EE. Scarlet fever (8) -04 1.5 40% under 2 years (119) લંલંલં 1000 क्षेत्रं क्षेत्रं pus Diarrhea 3.2.E ...E 3.2 33.3 3.00 336 -inie DASSULGEA (Z1) EE" 51.5 -80 -vieneq bas biodqyT (2-1) isvel biodq - 100 H H H H H H 1000 0.0% 200 400 Rate per 1,000 live births Maternal mortality 228 819 826 888 288 388 Total infant mortality 00-464 100 Births (exclusive of stillbirths) per 1,000 population (annual basis) 57.5 78.5 F.7.5 67.5 67.5 78.5 7.5 -1001-000 1000 919 - 40 All causes, rate per 1,000 popula-tion (annual basis) = 99 22.1 200 12121 디디디 000 200 STATES-Continued State and period

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Provisional mortality from certain causes in the first 6 months of 1943, with comparative provisional data for the corresponding period in preceding vears-Continued

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Washington, and Missouri. Includes all of the States listed below except Rhode Island, Massachusetts, District of Columbia is included as a State.

are based

The rates for 1943 are subject to correction as they

1 Data not available.

These data are taken from the July 1943 Statistical Bulletin published by the Metropolitan Life Insurance Co. 7 Provisional estimates of live exposed to risk. Data do not include all diseases reported to the Public Health Service. International Life (1949 and enteritis, age not specified.

"International List (1949 and enteritis, age not specified.

"Or note nephritis only.

"No deaths reported.

"Pirst quarter only.

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PREVALENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

UNITED STATES

REPORTS FROM STATES FOR WEEK ENDED JANUARY 22, 1944 Summary

The number of reported cases of influenza declined from 65,649 for the preceding week to 47,143 for the current week. Only one geographic area, the West North Central, reported a significant increase—from 3,087 to 5,588 cases. Iowa, reporting 5,112 cases, as compared with 1,839 cases during the preceding week, more than accounted for the net increase in this area. Declines were recorded for all other areas except the New England and Mountain, in which slight increases were reported. Of 46 States which reported cases of influenza for the 2 weeks, increased incidence was reported in only 10 States.

The total mortality, all causes, in 90 large cities, as reported by the Bureau of the Census, declined from 11,538 for the preceding week to 10,359 for the current week, representing a decrease in the excess mortality per 1,000 population (annual basis), as compared with the mean for the two preceding years, from 2.0 to 0.7.

The incidence of meningococcus meningitis declined during the week. A total of 522 cases was reported, as compared with 645 for the preceding week (the largest weekly number of record), and with a 5-year (1939-43) median of 52. Decreases occurred in all geographic sections except the West South Central. Increases occurred in only 5 of the 17 States reporting more than 10 cases each. States reporting 20 or more cases for the week are as follows (last week's figures in parentheses): Increases—Michigan 27 (22), Texas 30 (14); decreases—Massachusetts 23 (34), New York 68 (89), Ohio 31 (47), Illinois 26 (27), Tennessee 20 (21), California 31 (42); no change—Pennsylvania 41 (41). The cumulative total for the first 3 weeks of the year is 1,747, as compared with 943 for the same period of 1943 and a 5-year median of 155.

Both current and cumulative figures for measles and scarlet fever are above the corresponding 5-year medians and the figures for the preceding week, while those for diphtheria, poliomyelitis, smallpox, typhoid fever, and whooping cough continue below their respective medians.

(125)

Telegraphic morbidity reports from State health officers for the week ended January 22, 1944, and comparison with corresponding week of 1943 and 5-year median

In these tables a zero indicates a definite report, while leaders imply that, although none was reported, cases may have occurred.

	D	iphthe	ria		Influer	ıza		Meas	les		ingitis, ngococo	
Division and State	Week	ended	Me		k ended	Me		k ende	Me-	Week	ended	Me-
	Jan. 22, 1944	Jan. 23, 1943	dian 1939 43		Jan 23, 1943	dian 1939 43		Jap. 23, 1943	dian 1939– 43	Jan. 22, 1944	Jan. 23, 1943	dian 1939- 43
NEW ENGLAND												
Maine New Hampshire Vermont Massachusetts Rhode Island Connecticut	2 0 0 5 0 2	0 1 0 0 1	0 0 0 3 0 2	12 221 31			28 409 189	330 425 17	7 13 364 17	23 10 15	10 1 0 8 25 4	0 0 0 1 0 0
MIDDLE ATLANTIC New York New Jersey Pennsylvania	17 3 10	25 10 10	25 10 24	1 15 38 27	18	1 24	719 659 1, 107	478	971 167 1, 214	68 12 41	48 8 12	6 2 3
EAST NORTH CENTRAL				-			1		1			
Ohio Indiana Illinois Michigan ³ Wisconsin	7 12 13 14 1	8 0 8 5 4	8 11 24 12 1	475 67 267 55 848	16 11 4	18 22 34 5 54	350 494 1, 011	137	55 104 465	31 15 26 27 8	9 7 8 9	1 1 0 1
WEST NORTH CENTRAL												
Minnesota. Lowa. Missouri. North Dakota South Dakota. Nebraska. Kansas. SOUTH ATLANTIC	1 2 2 0 2 2 2 3	3 3 11 1 0 1 2	1 3 11 2 2 1 4	5,112 17 105 21 84 244	15 12 41 51 11	10 24 41 17	677 131 80 310 166 10 130	11 95 45 14 74 69 166	206 95 15 19 11 43 166	5 3 12 1 1 1 1 6	3 1 5 1 0 2 9	1 0 1 0 0 0
Delaware Maryiand District of Columbia Virginia West Virginia North Carolina South Carolina Georgia Florida	3 5 2 4 3 8 10 1	1 5 0 12 6 19 9 4 7	0 7 2 12 9 27 7 10 8	55 44 3, 819 1, 440 214 3, 799 767 71	27 6 763 12 27 681 66 13	27 6 763 38 31 865 143 13	11 153 36 230 243 316 171 207 106	3 19 17 116 5 59 5 10 12	3 19 7 116 26 169 8 52 12	1 14 4 17 4 9 7 11 11	0 13 2 19 3 8 18 2 3	0 2 0 2 3 1 1 0
EAST SOUTH CENTRAL												
Kentucky	5 11 4	6 9 6	7 9 10 8	879 845 2, 452	16 78 107	29 87 433	25 182 212	284 36 6	65 49 72	10 20 10 3	3 6 4 11	1 1 1 1
WEST SOUTH CENTRAL Arkansas Louisiana Oklahoma Tetas MOUNTAIN	3 4 9 44	10 7 5 58	10 7 10 44	1, 345 5, 603 2, 061 10, 060	148 7 113 1, 661	186 12 138 1, 553	52 18 36 371	63 57 1 44	61 24 1 195	1 5 10 30	0 11 2 10	0 1 0 7
Montana	0 0 1 1 3 2 0 0	1 0 0 12 3 2 3 0	1 0 0 9 1 5 0	484 30 182 788 20 486 1, 945 82	61 57 2 103 7	61 73 21 132 75	297 3 75 168 2 91 10	54 228 10 158 15 14 343 5	54 22 10 64 25 14 38 0	0 1 2 2 2 0 0 0 2	2 1 3 0 0 3 7	0 0 0 0 0 0 0
PACIFIC Washington Dregon California	2 1 18	8 0 20	0 2 20	134 396 1, 434	1 33 59	12 53 112	140 71 273	594 308 177	117 116 246	4 4 31	2 22 30	2 0 4
Total	247	312	369	47, 143	4, 387	4, 387	12, 452	8, 897	9, 234	522	356	52
weeks	765 1	, 014 1,	-	239,498							943	155

Telegraphic morbidity reports from State health officers for the week ended January 22, 1944, and comparison with corresponding week of 1943 and 5-year median—Con.

*	Pol	iomye	litis	8	carlet fe	ver	8	mallpo	X	Typh	old and hold fe	l para- ver ³
Division and State	Week	ended	Me-	Week	ended	Me-	Week	ended	Me-	Week	ended	Me
	Jan. 22, 1944	Jan. 23, 1943	dian 1939– 43	Jan. 22, 1944	Jan. 23, 1943	dian 1939– 43	Jan. 22, 1944	Jan. 23, 1943	dian 1939- 43	Jan. 22, 1944	Jan. 23, 1943	dian 1939- 43
NEW ENGLAND												
Maine. New Hampsbire. Vermont. Massachusetts Rhode Island Connecticut. MIDDLE ATLANTIC	0 0 0 0 0	0 0 0 1 0 0	0 0 0 0	38 22 10 287 12 94	9 5 4 3/3 21 89	9 6 195 8 75	0 0 0 0	0 0 0 0 0	0 0 0 0	0 0 0 1 0 0	0 0 0 1 0 1	
New York New Jersey Pennsylvania	1 1 0	0 1 0	1 1 1	385 116 302	372 109 285	386 146 285	0 0	0 0	0 0	2 0 3	0 6	
EAST NORTH CENTRAL				-								
Ohio Indiana Illinois Michigan ³ Wisconsin	0 1 0 0 1	1 2 1 0 0	1 0 1 0 0	417 115 242 169 210	311 100 221 121 276	311 127 380 325 166	2 2 1 0 0	8 4 2 0 0	0 3 2 0 10	3 9 1 5 0	1 1 2 1	
WEST NORTH CENTRAL												
Minnesota Iowa Missouri North Dakota South Dakota Nebraska Kansas SOUTH ATLANTIC	0 0 0 0 0 1	0 0 1 0 0 2 0	0 0 1 0 0 0	166 147 82 36 31 49 112	75 49 91 11 12 24 71	106 63 86 10 18 28 89	0 1 1 0 0 2 1	0 0 0 1 0 0 2	10 3 3 1 0 0 2	0 1 1 1 0 0	0 7 0 0 0	
Delaware. Maryland ² District of Columbia. Virginia. West Virginia North Carolina South Carolina Georgia. Florida.	0 0 0 0 0 0 0 0 0	0 0 0 3 0 1 0 0	0 0 0 0 0 1 1 0 0	0 95 50 43 64 51 11 14	14 48 28 48 35 73 7 24 21	18 54 18 39 60 61 14 24	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 1 0 0	0 0 0 0 0 0	0 0 0 1 0 0 0 0 2 1	0 0 4 4 4 0 0 1 2	1
EAST SOUTH CENTRAL												
Kentucky Tennessee Alabama Mississippi 3	0 1 0 1	0 1 1 0	1 1 0	115 16 8	56 88 23 15	76 88 23 13	0 0 0 1	0 0 2 1	0 0	2 2 0 0	0 0 0	1 2 1 0
WEST SOUTH CENTRAL												
Arkansas. Louisiana Oklahoma Texas	0 2 0 6	0 0 0 6	0 1 0 1	3 4 77 110	6 12 7 52	9 12 25 82	0 0 0 2	0 1 0 1	0 0 1 1	0 2 3 6	0 7 0 4	3 7 2 10
MOUNTAIN Montana Idaho Wyoming Colorado. New Mexico Arizona Utah 1. Nevada PACIFIC	0 0 0 0 0 0	0 0 0 0 0 1 1	0 0 0 0 0 0 0	31 29 2 38 6 8 215 0	18 14 65 54 10 11 75 0	26 14 7 46 10 8 28 0	0 0 0 0 0 0	0 0 0 0 0 0 0	000000000000000000000000000000000000000	0 0 0 1 4 2 0	1 0 0 3 1 0 1	0 0 0 1 1 1 0 0
Washington Oregon California	2 2 3	1 0 1	1 0 1	213 102 389	27 14 194	38 19 154	0 0	0 1 0	0 1 0	0 2 2	0 8 2	1 3
Total	24	25	28	4,806	3, 655	3,981	13	22	52	57	61	89
8 weeks	90	105	103	12, 130	10, 749	10,749	37	103	142	174	155	243

See footnotes at end of table.

Telegraphic morbidity reports from State health officers for the week ended January 22, 1944, and comparison with corresponding week of 1943 and 5-year median—Con.

WI	hooping	cough			We	ek end	led Jan	uary 2	2, 1944		
Week	ended-	-		D	ysente	ry	En-		Rocky		
Jan. 22, 1944	Jan. 23, 1943	Me- dian 1939-43	An- thrax	Ame- bie	Bacil- lary	Un- speci- fied	ceph- alitis, infec- tious	Lep- rosy	Mt. spot- ted fever	Tula- remia	Ty- phus fever
15 2 37 107 15 14	34	34	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 1 0	0 0 0 0 0 0	0 0 0 0 0	0 0 0 0 0 0	0000
195 51 102	467 144 394	467 144 394	0 0 1	4 0 0	23 0 0	0 0	2 1 0	0 0	0 0	1 0 1	0
94 14 95 92 84	208 16 212 370 201	208 28 212 370 201	0 0 0 0	0 0 0 1	0 0 0 0	0 0 0	1 0 0 0 0	0 0 0 0	0 0 0	0 0 3 0 0	000000000000000000000000000000000000000
35 22 4 3 0 23 29	67 28 9 0 7 6 26	67 28 15 17 5 6 26	0 0 0 0 0	3 0 0 0 0	0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0	0 0 0 0 0 0
0 16 2 107 66 119 60 6	11 76 20 110 59 146 21 39	7 76 20 45 59 250 41 20	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 2 0	0 0 0 17 0 0 0	0 2 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 3 0 0 0	0 1 0 0 0 1 1 3 3
51 33 15	27 87 21	27 42 21	0 0 0	0 1 0 0	0 0 0	0 0 0	0 0	0 0	0 0 0	0 1 0 0	0 0 3 2
15 3 3 140	61 5 13 288	14 4 13 111	0 0 0	2 2 0 8	10 0 0 136	0 0 0	0 0 1 1 1	0 0 0 2	0 0 0	1 0 0 0	0 3 0 16
5 2 10 30 4 24 14	32 2 10 34 29 9 30 1	16 5 10 34 32 15 50 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 19 0	0 0 0 1 0 0	0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	000000000000000000000000000000000000000
47 29	16 8	30 21	0	1 0	0	0	0	0	0	0	0
61	411	222	0	1	4	0	0	0	0	0	0
1, 921											39
5, 051	12, 037	12, 546	3	61	415	159	25	1	0	70	156
	Week Jan. 22, 1944 15 2 37 107 15 14 195 51 102 94 11 195 92 24 4 3 3 0 0 16 22 107 66 1190 60 6 5 51 33 15 18 3 3 3 15 18 4 2 4 11 47 29 61	Week ended- Jan. Jan. 22. 23, 1944 1943 15 78 2 2 37 34 107 206 15 27 14 47 195 467 51 144 102 394 94 208 14 16 95 222 28 4 201 26 3 0 7 23 6 29 26 0 11 16 76 2 20 107 110 66 59 160 21 6 39 15 61 3 13 3 13 3 13 3 13 3 13	Jan. 22, 1944 1943 1939-43 1949 1949 1949 1949 1949 1949 1949 19	Week ended— Median 23, 1944 Median 1939-43 Anchrax 1939-43 15 78 52 0 0 16 2 2 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 1 1 1 0 2 2 0 2 2 3 3 0 3 0 1 1 1 0 1 1 1 0 1 1 0 1 1 1 0 1	Week ended— Median 23, 1944 Median 1939-43 Lan. Amebic 15 78 52 0 0 23, 1944 34 34 0 0 15 78 52 0 0 2 2 3 0 0 0 15 27 13 0 0 15 27 13 0 0 15 27 13 0 0 15 467 467 0 4 51 144 144 0 0 0 195 467 467 0 4 1 0 0 195 467 467 0 4 1 0 0 1 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Week ended	Week ended	Week Order Week Order Order	Weekended Jan. Jan. 22, 23, 1939-43 thrax Ameliary Bacil Infectious Lephalists Lephalists	New New	New New

¹ New York City only.
² Period ended earlier than Saturday.
³ Including paratyphoid fever cases reported separately as follows: Massachusetts, 1; Michigan, 3; Florida, 1; Tennessee, 1; Tennessee, 1; Tennessee, 1; Tennessee, 2; Tennessee, 2; Tennessee, 3; Tennessee, 3; Tennessee, 4; Tennessee, 4; Tennessee, 5; Tennessee, 6; Tennessee, 8; Tennessee, 8; Tennessee, 9; Tenness

WEEKLY REPORTS FROM CITIES

City reports for week ended January 8, 1944

This table lists we reports from 86 cities of more than 10,000 population distributed throughout the United States, and represents a cross section of the current urban incidence of the diseases included in the table.

	808	infec-	Influ	enza		menin-	saths	cuses	cases	-	and para- fever cases	qanoo
	Diphtheria cases	Encephalitis, infec- tious, cases	Casos	Deaths	Measles cases	Meningitis, n	Pneumonia deaths	Pollomyelitis	Scarlet fever c	Smallpox eases	Typhoid and typhoid fever	Whooping
NEW ENGLAND												
Maine: Portland New Hampshire:	0	0	7	1	0	0.	9	0	1	0	0	
ConcordVermont:	0	0		0	0	0	3	0	1	0	0	
Barre Massachusetts:	0	0		0	0	0	0	0	0	0	0	
Boston	1	0		6 3	31	6 2	35	0	57	0	1 0	
Fall River Springfield	0	0		0	43	1	2	0	3 7	0	0	
Worcester Rhode Island:	0	0		2	13	2	28	0	55	0	0	
Providence	0	0	32	1	74	1	12	1	4	0	0	
Connecticut: Bridgeport	0	0	11	3	1	1	. 12	0	2	0	0	
Hartford	1	0	6	0	0	1	2	0	15	0	0	
New Haven	0	0	2	3	4	1	9	0	1	0	0	
MIDDLE ATLANTIC												
New York: Buffalo	0	0	3	6	1	3	11	0	8	0	0	
New York	4	0	70	28	525	43	219	0	155	0	1	2
Rochester	1	0		0	0	3	8 8	0	10	0	0	1
Syracuse New Jersey:	0	0	4	3	0	0	6	0	4	0	0	
Camden Newark	0	0	16	3	1	4	24	0	8	0	0	
Trenton	0	0	12	4	0	2	8	0	1	0	0	* 1
Pennsylvania: Philadelphia	3	0	29	21	7	14	56	0	32	. 0	0	
Pittsburgh	3	0	64	47	263	12	75	0	18	0	0	
Reading				-	^	-			*	0	0	,
Ohio:												
Cincinnati	4	0	18	5	0	9	14	0	42	0	0	
Cleveland	0	0	59 371	23	274	15	40	0	46	0	0	1
Indiana:			0.1									
Fort Wayne Indianapolis	0	0		6	31	9	26	0	21	0	0	
South Bend	0	0		0	38	0	0	0	0	0	0	1
Terre Haute	3	0		4	1	0	3	0	0	0	0	1
Chicago	1	0	28	6	16	26	50	0	67	0	0	2
Michigan:	0	0	3	0	18	0	3	0	5	0	0	
Detroit	0	0	14	13	10	11	40	0	44	0	0	1
Flint	0	0		2	75	0	7 7	0	5	0	0	
Wisconsin: Kenosha	0	0			0	0	,	0	5			
Milwaukee	0	0	3	2 3	14	3	7	0	49	0	0	30
Racine	0	0	1	1	55	0	0 3	0	4	0	0	4
Superior	0				30	0	0	0	*	0	0	
Minnesota:												
Duluth	0	0		3 7	6	2	7	0	9	0	0	1
Minneapolis St. Paul	3	0		7	70	1	11	0	20	0	0	1
Missouri:	0	0	******		84	1	10	0	18	0	0	
Kansas City	0	0	3	6	0	3	8	0	17	0	0	(
St. Joseph	0	0	56	8	29	12	34	0	17	0	0	2
MOLETI DEKORE:					**							
Fargo	0	1	*****	1	55	2	0	0	2	0	0	. (
Omaha	2	0		4	0	1	12	0	14	0	0	0
Topeka	0	0		5	1	1	7	0	3	0	0	2
Wichita	0 1	0	2	2	16	0 1	6	0 1	3 1	0	0	. 0

City reports for week ended January 8, 1944-Continued

	8988	s, infec-	Influ	enza	88	menin-	deaths	is cases	cases	ses	and para- fever cases	cough
	Diphtheria cases	Encephalitis, infectious, cases	Cases	Deaths	Measles cases	Meningitis, gococcus,	Pneumonia deaths	Poliomyelitis cases	Scarlet fever	Smallpox cases	Typhoid an	Whooping
SOUTH ATLANTIC												
Delaware: Wilmington	0	0		1	18	0	6	0	1	0	0	0
Maryland:		0	27	16	69	6	32	0	26	0	0	6
Baltimore Cumberland	3	0	2	0	0	0	1	0	2	0	0	0
Frederick District of Columbia:	0	0	2	0	1	0	1	0	0	0	0	0
Washington	0	0	1,138	2	29	5	22	0	34	0	0	6
Virginia: Lynchburg	0	0	122	0	55	3	7	0	1	0	0	11
Lynchburg Richmond	0	0	5	2 2	12	0	8 9	0	3 0	0	0	0 11
Roanoke Wes Viiginia:			***									
Wheeling North Carolina:	0	0	19	0	0	0	7	0	1	0	0	0
Winston-Salem	0	0	1	1	100	0	3	0	4	0	0	1
South Carolina: Charleston	0	0	744	1	16	0	4	0	1	0	0	1
Georgia: Atlanta	0	0	475	8	4	1	9	0	4	0	0	0
Brunswick	0	0		0	36	4 2	3	0	1 0	0	0	0
Savannah	0	0	604	9	0	-	0	U	0	0	0	0
EAST SOUTH CENTRAL Tennessee:												
Memphis Nashville	1	0	27	8	2	4	14	0	11	0	0	2
Nashville	0	0	*****	7	1	1	6	0	7	0	0	. 8
Birmingham	0	0	32	8 5	9	2 0	13	0	2 0	0	1 0	0
Mobile	0	0	762	0	0		0	v	"			
WEST SOUTH CENTRAL Arkansas:												
Little Rock	0	0	163	0	5	0	8	0	0	0	0	0
Louisiana: New Orleans	3	0	161	11	6	11	14	1	4	0	0	1
Shreveport	0	0		1	0	0	15	0	2	0	1	0
Texas: Dallas	0	0	13	13	0	0	11	0	0	0	0	1
Galveston	0	0		0	0	0	19	0	3	0	0	0
HoustonSan Antonio	i	1	13	11	ô	0	19	0	0	0	0	2
MOUNTAIN												
Montana:	0	0		4	0	0	0	1	1	0	0	0
Billings	0	0	407	0	19	0	0	1	7	0	0	5
Helena	0	0	240	0	0	0	0 2	0	1 2	0	0	0
MissoulaIdaho:							-	-				0
BoiseColorado:	0	0	105	0	0	0	3	0	2	0	0	
Denver	1	0	25	5	6 73	1 0	12	0	13	0	0	9
Pueblo	0	0										
Salt Lake City	0	0	304	3	1	1	3	0	26	0	0	1
PACIFIC										- 1		
Washington: Seattle	0	0		8	1	2	21	0	7	0	0	8
Opokane	0	0	3	2	30	1	7 7	0	35 25	0	0	1 3
Tacoma	0	0	8	8	3	1						15
Los Angeles	4 0	0	377 184	12	30	3	10 5	0	31 2	0	0	7 0
Sacramento San Francisco	0	0	326	8	18	8	26	. 4	17	0	0	i
Total	43	2	7, 103	418	2, 304	255	1, 187	8	1, 065	0	4	291
Corresponding week,		_			-	-				-		1, 185
1943 A verage, 1939-43	102	2	311	1 68	2, 554	84	575	8	1, 158 1, 063	10	11	1, 185

Dysentery, amebic.—Cases: Boston, 2.

Dysentery, bacillary.—Cases: Worcester, 16; New York, 1; Detroit, 3; Charleston, S. C., 1; Los Angeles, 10.

Dysentery, unspecified.—Cases: Baltimore, 2; San Antonio, 4.

Typhus fever.—Cases: New York, 1; Savannah, 2; Birmingham, 2; New Orleans, 2; Shreveport, 1; San Antonio, 1.

3-5-year median.

Rates (annual basis) per 100,000 population, by geographic groups, for the 86 cities in the preceding table (estimated population, 1942, 34,506,700)

	rates	infec-	Influ	ienza	8	ningo-	death	6486	case	rates	para-	1 09.96
	Diphtheria case	Encephalitis, inf	Case rates	Death rates	Measles case rates	Meningitis, meningo- coccus, case rates	Pneumonia d	Poliomyelitis rates	Scarlet fever	Smallpox case ra	Typhoid and property typhoid fever rates	Whooping cough rates
New England	7.5 4.9 5.3 9.8 5.5 5.9 14.7	0.0 0.0 0.0 2.0 0.0 0.0 2.9	144 88 290 119 5, 781 4, 876 1, 027	47. 2 51. 7 46. 7 78. 2 77. 4 166. 3 114. 4	412 356 324 457 630 71 35	37. 3 37. 5 43. 8 44. 9 38. 7 41. 6 32. 3	288. 2 188. 7 125. 5 185. 7 211. 8 231. 6 252. 3	2.5 0.0 0.0 0.0 0.0 0.0 2.9	363 106 173 207 144 119 32	0.0 0.0 0.0 0.0 0.0 0.0 0.0	2.5 0.4 0.0 0.0 0.0 5.9 2.9	57 27 60 31 66 59
Mountain Pacific	16.1 7.0	0.0	8, 690 1, 569	104. 5 71. 7	796 152	24.1 28.0	176. 9 132. 8	16.1 7.0	426 204	0.0	0.0	145 85
Total	6.5	0.3	1, 073	63. 2	348	38. 5	179. 4	1.2	161	0.0	0.6	44

TERRITORIES AND POSSESSIONS

Panama Canal Zone

Notifiable diseases-November 1943 .- During the month of November 1943, certain notifiable diseases were reported in the Panama Canal Zone and terminal cities as follows:

Disease	Pan	ama	Co	olon	Cana	l Zone	Zone s	de the and ter- l cities	Т	otal
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Chickenpox Diphtheria Dysentery (amebic) Dysentery (bacillary)	5 1		2 3		3	******	4 6 2.	1	7 5 9 8	
Malaria 1 Messles Meningitis, meningococcus Mumps Paratyphoid fever	8 24 1	1	6		117 2 2 2 73	1	67 5 5	i	. 196 7 2 108 3	
Pneumonia carlet fever Tuberculosis Typhoid fever Whooping cough	1	23	2	3 5 1	16		<u>1</u>	6	2 16 2 3 4 3 3 2 2	3

 ⁴⁸ recurrent cases.
 Reported in the Canal Zone only.

FOREIGN REPORTS

CANADA

Provinces—Communicable diseases—Week ended December 25, 1943.— During the week ended December 25, 1943, cases of certain communicable diseases were reported by the Dominion Bureau of Statistics of Canada as follows:

Disease	Prince Edward Island	Nova Scotia	New Bruns- wick	Que- bec	On- tario	Mani- toba	Sas- katch- ewan	Al- berta	British Colum- bia	Total
Chickenpox		5 13	1 6	83 28	418	37 3	43 1	66	47	700 54
German measles		*****			10		1	4	4	19
Influenza		363	11		326	9		******	1,623	2, 332
Measles	******	2		213	192	3	1	35	8	454
cus		2	2		3		- 1		1	9
Mumps		3	1	24	102	29	1 3	9	46	217
Scarlet fever		3	10	51	150	48	13	20	23	318
Tuberculosis (all forms) Typhoid and para-		2 3 3 7	8	41	49	4		36	40	185
typhoid fever				3						3
Undulant fever				3	2				1	6
Whooping cough		2		67	71	4	3	2	î	150

IRISH FREE STATE

Infectious diseases—1936-1941.—The following table shows the numbers of cases of certain infectious diseases reported in the Irish Free State together with the numbers of deaths and death rates per 100,000 population for the years 1936 to 1941, inclusive:

Disease			Ca	969		
Disease	1936	1937	1938	1939	1940	1941
Diphtheria Puerperal infection Scarlet fever Typhoid fever Typhus fever	2, 569 135 5, 368 287 12	2, 511 98 4, 476 413 8	2, 983 116 3, 992 254	2,097 76 2,779 385 5	1, 891 97 2, 465 253 13	1, 447 96 2, 318 284 25
			Dea	ths		111
Diphtheria Puerperal infection Scarlet fever Typhoid fever Typhus fever	345 104 173 63 2	293 51 128 66 4	314 46 81 46	245 38 43 56 3	178 29 33 31 2	165 27 32 38 6
	·	Death	s per 100,	000 рори	lation	
Diphtheria Puerperal infection Scarlet fever Typhoid fever Typhoid sever	11.6 3.5 5.8 2.1 0.1	9. 9 1. 7 4. 3 2. 2 0. 1	10.7 1.6 2.7 1.6	8.3 1.3 1.5 1.9 0.1	6.0 1.0 1.1 1.0 0.1	5. 5 0. 9 1. 1 1. 3 0. 2

(132)

NETHERLANDS

Diphtheria.—According to information dated January 12, 1944, diphtheria is said to have reached epidemic proportions in the Netherlands, where approximately 2,000 cases have been reported up to December 20, 1943.

WORLD DISTRIBUTION OF CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER

From medical officers of the Public Health Service, American consuls, International Office of Public Health, Pan American Sanitary Bureau, health section of the League of Nations, and other sources. The reports contained in the following tables must not be considered as complete or final as regards either the list of countries included or the figures for the particular countries for which reports are given.

CHOLERA

IC indicates cases]

Note.—Since many of the figures in the following tables are from weekly reports, the accumulated totals are for approximate dates.

-	Janu- ary-	Novem-	Decen	ber 1943	-week e	nded-
Place	October 1943	ber 1943	4	11	18	25
ASIA						
Ceylon China: Kwangsi Province C	1 1, 100					
China: Kwangsi Province	243, 033	35, 920				
Calcutta C Chittagong C	6, 335 282	316 91	67	4	78	*******
Cochin C Madras C	192 1,061	30	30	33		29
Negapatam C Vizagapatam C India (French) C	63 55	5	*******			*******
Chandernagor	8 30	**********				
Pondichery	17		*******			

¹ Cases reported up to Sept. 8, 1943, with a mortality rate of over 25 percent.

PLAGUE

[C indicates cases; D, deaths; P, present]

AFRICA						
Basutoland C	1 23					
Belgian Congo	2 18	8	2			
Plague-infected rats	P	-	1 -			
British East Africa:	1 .					
Kenya C	17			1		
	18			1		
Uganda C	15	00	*******		1	
Egypt.	15	22	11	15	44	3:
Port Said	1		1			
SuezC		22	10	15	39	33
MadagascarC	53	2				
Morocco (French) C	. 251	4				
SenegalC	244					
Dakar	32					
Union of South Africa. C	66	3				
	1					
ASIA						111
India C	4, 953	1, 857				
ndochina C	31	2,00.				
Palestine C	12		*******	******		
V	1.0		******		*******	
EUROPE						
Portugal (Agores) 3	1				1	

¹ Includes 12 cases of pneumonic plague in a village south of Mafeteng.
² Includes 7 cases of pneumonic plague.
³ A report dated Nov. 19, 1942, states that during 1942 there were 54 cases of plague including 3 pneumonic cases and 2 septicemic cases among the civil population and 2 additional cases among the military population of the Azores. In 1943 the number of cases is about the same as for the year 1942.

PLAGUE-Continued

[C indicates cases; D, deaths; P, present]

Place	Janu- ary-	Novem-	Decen	ber 1943	-week e	nded-
Piace	October 1943	ber 1943	4	11	18	25
SOUTH AMERICA						
Ecuador: Loja Province C	2	1				
Ica Department C		1				
Lambayeque Department C Libertad Department C	2 17					
Lima Department	15	4				
Lima	. 1					
Plague-infected rats	P					
Piura Department	5					
Venezuela	10					******
OCEANIA						
Hawaii Territory:						
Hamakua District D	. 5					1
Plague-infected rats	* 75	8	******			

⁴ On December 29, 1943, I death from plague was reported in Kukuihaele, Hamakua District, Island of Hawaii, making a total of 7 deaths from plague reported for the year 1943.
§ Includes 4 plague-infected mice.

SMALLPOX

[C indicates cases; D, deaths]

AFRICA		1	1			
AlgeriaC	1, 256					
Angola	631					
Basutoland C	123	23				
Belgian Congo	3, 748	438	57	45	1	1
British East Africa: C	0, 1 10	100	0,	10		
Kenya	1, 936	647	175	138	242	137
Mombasa	3	041	110	100	232	10
TanganyikaC	60	23	*******			
UgandaC	49	33	13	9	7	
Dahomey C	145					
Egypt C	3, 304	172				
French Guinea C	372	5				
Gold Coast C	21	4				
vory Coast C	154	i				
Mauritania C	40					******
Morocco (French)	909	99				
		99				
Mozambique	1	********		******		
Nigeria C	5,067	374		60	193	
Niger Territory C	265	19				
Rhodesia, northern	114		3			
Senegal C	74					
Sierra Leone C	3					
Budan (French)	3, 654	30				
		30				
	3					
Union of South Africa C	596			*******		
ASIA						
krabia C	1		1			
Ceylon C	79	5		1		
ndia	37, 714	4, 274				
ndia (French) C	10	4				
ndochina. C	4, 643	180				
ran C	562	6				*****
~		19		2	7	
	228	19		2		
Palestine C	104		******	******		
yria and Lebanon C	1,011	70	7	21	9	
Frans-Jordan C	19		*******	******		******
EUROPE						
BelgiumC	1					
0	2					
	î		******			
dibraltar C	1	********				
Portugal C	42	3		3	1	1
eotland	1	11				
painC	214	2				
witzerland	17	-				

¹ On a vessel from North Africa.

SMALLPOX—Continued [C indicates cases; D, deaths]

Place	Janu- ary- October 1943	Novem- ber 1943	December 1943—week ended—				
			4	11	18	25	
NORTH AMERICA							
British Honduras C		1				******	
CanadaC	6				******		
GuatemalaC	27	********					
Mexico O	336						
SOUTH AMERICA	1						
Brazil C	49	4	1				
British Guiana C	1						
Colombia	335	15	5	5			
Ecuador C	335 22	3					
Perm D							
Venezuela C	95	9					

TYPHUS PEVER

[C indicates cases; D, deaths]						1
AFRICA						
Algeria C	8, 190					
Basutoland	18	5				
	39	1 0				
Delicition composition and an arrangement of the state of	00	*********	******			
British East Africa:	3	1				
Mombasa C	1	1				

	- 1	**********				
Egypt C	39, 874	148				
Gold Coast C	9					
Morocco (French)	16, 018	59				
Morocco (Spanish)	369					
NigeriaC	11					
Portuguese East Africa	1		******			
Rhodesia, northern	10	4				
Senegal C	2					
Dakar C	21	4			3	
Sierra Leone	3					
Tunisia	266	31				
Tunisia C Union of South Africa C	1, 595	-				
CHIOLOLO SOUGH AIRCE	1, 000					******
ASTA		1				
	520					
	12					
China: Shanghai						******
IndiaC	1,066					
IranC	9, 176	11				
Iraq C	1, 423	*******				
Palestine	296	24	11	1	4	
Syria and Lebanon C	89		*******			
Trans-Jordan C	17					
Bulgaria C	4 845				1 77	
	1, 745				. 11	
	2					
GermanyC	3 973					
HungaryC	787	44		19	36	
Irish Free State	19	1				
Netherlands	1					
PortugalC	9	*******	2			******
Rumania C	7, 157	224	143	152		
Slovakia C	524	73	15		11	
Spain C	582	9				
TurkeyC	3, 995					
	0,000					
NORTH AMERICA						
CubaC	1					
GuatemalaC	1.112	103				
Jamaica	29	2	2			
Mexico	984	-	-	*******		
			*******		*******	
SOUTH AMERICA						
Brazil	1		******	******	*******	
Chile	220	12	3	2		
ColombiaD	2					*****
CUBAGOT	319	9				
	14					
reru						
reru	18					
Venezuela	18					
Venezuela						
Venezuela	96 52	10 7	3	6	******	******

For 5 weeks.

For the period Jan. 1 to Apr. 30, 1943.

YELLOW FEVER

[C indicates cases; D, deaths; P, present]

Place	Janu-	November 1943	December 1943—week ended—				
	October 1943		4	11	18	25	
APBICA							
Belgian Congo:				1			
BondoI	2	1					
KinzaoI	1						
Leopoldville	2						
Stanleyville I	1						
Yanonge	1					******	
British East Africa: Kenya-Kisumu C		1					
Dahomey:	1						
Djougou District	12						
Natitingou C	11						
French Guinea:							
Baccoro	1 . 1						
Dubreka C	1						
Frigniaghe C		1					
Matakang Island D		1					
Gold Coast: Asuboi	1						
Ivory Coast:	-						
Abidjan	1						
Toumo ii		1	*******			*******	
Portuguese Guinea C		P				3	
Senegal:							
Goudiri D		1					
Kolda							
Tambacounda.	1	1					
	1	1					
Velingara Casamance		1	11				
Sierra Leone: Galinas C			. 1				
SOUTH AMERICA							
Brazil: Para State D Colombia:	1						
Boyaca Department D	4			27			
Cundinamarca Department D	3			21			
Intendencia of Meta	2			25			
Santander Department D	1 1			- 3			
Santanuel Department D	1						

DEATHS DURING WEEK ENDED JANUARY 15, 1944

[From the Weekly Mortality Index, issued by the Bureau of the Census, Department of Commerce]

	Week ended Jan. 15, 1944	Corresponding week, 1943
Data for 90 large cities of the United States: Total deaths	11, 538 9, 973	10, 311
Total deaths, first 2 weeks of year	24, 860 672	21, 017 751
Average for 3 prior years. Deaths under 1 year of age, first 2 weeks of year. Data from industrial insurance companies:	634 1, 372	1, 539
Policies in force Number of death claims Death claims per 1,000 policies in force, annual rate.	66, 235, 604 16, 383 12. 9	65, 745, 481 14, 619
Death claims per 1,000 policies, first 2 weeks of year, annual rate	11.9	11. 9 10. 9

¹ Suspected. ² For the period Nov. 21 to Dec. 11, 1943.